Individualized Family Service Plan

Child's name: _____ **IFSP Meeting Date:** _____

- **Birth Date**: _____ IFSP Type: Initial □ or Annual □

Designated Service Coordinator: Service Coordinator Phone #:

	Date Due:	Date Completed:
• **Six Month Review**	_____	_____
• **Annual IFSP**	_____	_____
• **Additional Review Dated**	_____	_____

_____ _____ _____ _____ _____ _____
m/d/y **m/d/y** **m/d/y** **m/d/y** **m/d/y** **m/d/y**

Transition Dates

	Date Due:	Date Completed:
• Notification of Local Education Agency (LEA) by age two	_____	_____
• Planning Conference with Parent/s, Lead Agency, LEA and other Service Providers as appropriate. (At least 90 days, or up to 6 months prior to child's third birthday)	_____	_____
• Transition to LEA, as appropriate	_____	_____

Natural Environments/Settings

To the maximum extent appropriate, services will be provided in natural environments, including the home, and community settings that are natural or normal for the child's age peers who have no disabilities. Natural environments for young children are those environments/situations that are within the context of the family's lifestyle – their home, their culture, daily activities, routines and obligations. Services will only be provided in settings not identified as the natural environment when it is determined that the desired outcome/s cannot be satisfactorily achieved within the natural environment of this child and family.

The natural environment for _____ includes the following places/settings:

_____

_____

_____

Page One: COVER PAGE

Enter

- Child's Name (first, middle, last)
- Child's Birthdate
- IFSP Meeting Date – date of this meeting
- IFSP Type – check if Initial or Annual
- Designated Service Coordinator – name and agency
- Service Coordinator's Phone #

Planned Six Month Review date and Annual IFSP date

Enter the approximate Date Due and, later, enter the Date Completed (actual date the meeting was completed.)

Additional Review Dates

Enter the actual date(s) of occurrence(s).

Transition Dates

Notification of Local Education Agency, Planning Conference, and Transition to LEA

Enter the approximate due dates and, later, the actual dates completed.

Natural Environment/Settings

Enter the name of the child, and list or describe places and settings the team, including the family, has identified as natural environments for the child.

IDENTIFYING INFORMATION

Child's Name: _____
Child's Birthdate: _____ Child's Social Security #: _____
Child's Address: _____
Street
City: _____ TN Zip: _____
Phone: _____ County: _____
Parent's Name(s): _____
Parent's Address (if different from child): _____
Street
City: _____ TN Zip: _____
Phone: _____

	Part C/TEIS/TIPS	DMR	CSS
Eligibility	**From Tennessee's Definition of Developmental Delay Meets: (check if applicable)** % of Delay ☐ Diagnosed Condition ☐ Informed Clinical Opinion ☐	**DMR** ☐	**CSS** ☐
Referral	_____ m/d/y _____ Source	_____ m/d/y _____ Source	_____ m/d/y _____ Source

DOCUMENTATION

IFSP Team Member – If present, sign If not present, list member's name	Agency/Title	Date	Contributed/ not present/method	Fully Agree	Area(s) of Concerns/ Comments
(Service Coordinator who organized this IFSP meeting)					
(Parent)					
(Parent)					
(Evaluator/Assessor)					

Designated Service Coordinator/Agency and Rationale

Name	Agency	Address	Phone #	Rationale

Informed Parental Consent

yes	no	
☐	☐	**I am the parent/legal guardian/Department of Education trained surrogate parent of this child.**
☐	☐	**I have been informed of & understand my rights as a parent in Tennessee under Part C Regulations and I have received a copy of Rights of Infants and Toddlers with Disabilities.**
☐	☐	**I have participated in the development of the IFSP and understand its contents.**
☐	☐	**I agree to its implementation to the degree noted above.**

_____ _____ _____ _____
Parent Date Parent Date

Page Two: IDENTIFYING INFORMATION

Enter **Child's Name, Birthdate, Social Security Number, Address, and Phone Number**. Enter **Parent's Name(s)** – the natural or adoptive parent and Parent's Address, if different from child's.

Eligibility

Enter a check next to the Part C eligibility, which indicates the Part C eligibility criteria the child meets (check only one.) If eligible for DMR and/or CSS, check the appropriate box.

Referral

Enter the date of referral and state the specific agency, professional, or person making the referral.

Documentation (To be completed at the end of the meeting)

All members of the IFSP team should:

1. Sign (if team member contributed but was not present, see #4.)
2. Enter the agency/title of the team member.
3. Enter date – the date of the meeting.
4. If team member contributed/not present at the IFSP meeting, print the name in the signature column and describe the method of contribution (conference call, written input, telephone call, etc.)
5. If team member fully agrees with the IFSP, check under "Fully Agree." If team member disagrees with part of the IFSP, use the space indicated to document area(s) of concern. Attach additional pages if necessary.

Designated Service Coordinator/Agency and Rationale

Enter the name of the person/agency the team selected and the rationale the team used in selecting this person.

Informed Parental Consent

Parents check the appropriate boxes (each must be checked yes.) Parent(s) signature indicates that procedural safeguards have been followed.

PRESENT LEVELS OF DEVELOPMENT

Child's Name: _____

(Include a statement of functional strengths & needs in each area)

Health
Date | Chronological Age | By (Adjusted Age)
Strengths | Needs

Vision
Date | Chronological Age | By (Adjusted Age)
Strengths | Needs

Hearing
Date | Chronological Age | By (Adjusted Age)
Strengths | Needs

Physical Development-Gross Motor
Date | Chronological Age | By (Adjusted Age) | Instrument
Strengths | Needs

Physical Development-Fine Motor
Date | Chronological Age | By (Adjusted Age) | Instrument
Strengths | Needs

Pages Three and Four: PRESENT LEVELS OF DEVELOPMENT

Record, next to the word "By," the name of the professional(s) who conducted the formal or informal screening, evaluation, or assessment which provided the information for the present levels of development. Enter the Date of the procedure and the child's Chronological Age at the time of the procedure. If the child was at least four weeks premature and under the age of two, enter the Adjusted Age**. A narrative statement must be provided which records the strengths and needs of the child in each area of development.** Test results should be reported in quantitative form (age level, percentiles, etc.). If the adjusted age is less than zero, the quantitative form of test results is not required.

Record the strengths and needs of the child in the developmental areas, based on professionally acceptable, objective criteria. This information, along with the family's resources, priorities, and concerns, will be used in determining the major outcomes. The "Other" space may be used for any additional information, including the family's assessment of the child's present levels of functioning (especially if the family has chosen not to have a Summary of the Family Resources, Priorities, and Concerns discussed at the IFSP meeting.)

PRESENT LEVELS OF DEVELOPMENT (Continued)

Child's Name: _____

(Include a statement of functional strengths & needs in each area)

Communication Development (Speech/Language) By Instrument

Date Chronological Age (Adjusted Age)

Strengths | Needs

Cognitive Development By Instrument

Date Chronological Age (Adjusted Age)

Strengths | Needs

Social/Emotional Development By Instrument

Date Chronological Age (Adjusted Age)

Strengths | Needs

Adaptive Development By Instrument

Date Chronological Age (Adjusted Age)

Strengths | Needs

Other By Instrument

Date Chronological Age (Adjusted Age)

Strengths | Needs

Pages Three and Four: PRESENT LEVELS OF DEVELOPMENT

Record, next to the word "By," the name of the professional(s) who conducted the formal or informal screening, evaluation, or assessment which provided the information for the present levels of development. Enter the Date of the procedure and the child's Chronological Age at the time of the procedure. If the child was at least four weeks premature and under the age of two, enter the Adjusted Age**. A narrative statement must be provided which records the strengths and needs of the child in each area of development.** Test results should be reported in quantitative form (age level, percentiles, etc.). If the adjusted age is less than zero, the quantitative form of test results is not required.

Record the strengths and needs of the child in the developmental areas, based on professionally acceptable, objective criteria. This information, along with the family's resources, priorities, and concerns, will be used in determining the major outcomes. The "Other" space may be used for any additional information, including the family's assessment of the child's present levels of functioning (especially if the family has chosen not to have a Summary of the Family Resources, Priorities, and Concerns discussed at the IFSP meeting.)

Child's Name: _____

SUMMARY OF FAMILY RESOURCES, PRIORITIES, AND CONCERNS RELATED TO ENHANCING THE DEVELOPMENT OF THE CHILD

yes **no**

☐ ☐ Family agreed to a voluntary family-directed assessment.

☐ ☐ Family agreed to the inclusion of the voluntary family-directed assessment in the IFSP.

Type(s)/method(s) of Family Assessment Used: _____

Date(s) of Family Assessment: _____

Participants: _____

Family Resources	Family Priorities	Family Concerns

Page Five: SUMMARY OF FAMILY RESOURCES, PRIORITIES, AND CONCERNS RELATED TO ENHANCING THE DEVELOPMENT OF THE CHILD

Information given in this summary is to reflect the **Resources, Priorities, and Concerns** of the family as identified by the family. The assessment is voluntary on the part of the family. The assessment should come from multiple sources that could include focused interviews, informal interviews, and surveys.

Indicate, by checking either "yes" or "no" in the statements at the top of the page, the family's decision concerning participation in a voluntary family-directed assessment and the inclusion of the voluntary family-directed assessment information in the IFSP.

Enter the type(s)/method(s) of family assessment used, the date(s) that the family assessment(s) took place and the names of all who participated in the assessment process, including family members and professionals.

Enter in narrative or list form, a summary of:

1. **Family Resources** that are available to the family, including formal and informal supports systems, educational resources, personal resources of family members (for example, the mother does not work outside the home and is very motivated to take her child and has time readily available to take her child to needed appointments, or the family is aware of their financial situation and is willing to accept financial help if it can be secured.)
2. **Priorities** of the family—those things which are most important for the child and family.
3. **Concerns** of the family, including concerns the family has regarding their ability to cope with the child's situation (for example, the family has a low income and is very concerned about its ability to pay for services their child needs.)

OUTCOME/ACTION STEPS

Child's Name: _____

Major Outcome # ☐☐_____ **Timeline (Target Date)**
:_____

Action Steps	Person(s) Responsible

Review/Changes

Comment

* ☐ **Review Status** _____ **Date:** _____ **m/d/y**

* ☐ **Review Status** _____ **Date:** _____ **m/d/y**

* ☐ **Review Status** _____ **Date:** _____ **m/d/y**

* ☐ **Review Status** _____ **Date:** _____ **m/d/y**

***Review Status Key (1) on going (2) completed (3) delayed (4) unavailable (for non-required services only) (5) modified**

Page six: OUTCOMES/ACTIONSTEPS

Major Outcomes

Based on information discussed prior to and during the IFSP meeting and documented on Page Two (Present Levels of Development) and on Page Three (Summary of Family Resources, Priorities, and Concerns Related to Enhancing the Development of the Child), the team (family and professionals) will identify major outcomes—changes the family and the other members of the team would like to see for the child and/or family. Major outcomes may range from broad, long-term goals to short-range objectives. Major outcomes should be written in commonly understood language. An outcome should be written so that it could be used to determine whether the goal/objective was met. A separate page is to be used for each major outcome.
Enter:

Major Outcome # The outcomes are numbered in the box for reference purposes only.

Major Outcome—for example

Johnny will eat table foods at family meals.

Ricky will learn to cruise in order to develop independent walking.

Mary will locate food placed in front of her in order to learn to feed herself.

Susan will find a child care center in order to provide adequate supervision of children enabling her to maintain a full-time job.

David will smile and make vocalizations during play and care giving to show that he is happy, pleased, satisfied.

Timeline (Target Date)—the date by which the team hopes this outcome will be reached. This is usually one year but may be less than one year but no more.

Action Steps

List the steps, activities, strategies needed to achieve outcomes, for example:

--have feeding assessment

--refer to and participate in feeding therapy if recommended by feeding assessment

--Susan will obtain a list of possible child care centers from friends and DHS

--home base interventionist will provide information to family on feeding strategies

Enter the name of the person(s) and agency responsible for each step, activity, or strategy.

Review/Changes

Review Status and **Date** are to be completed when reviews are completed and/or modification to the outcome is made with agreement by the family (and documented with a Review/Change form.)

Enter in the box beside review status the number which specifies the current status of the outcome.

If a modification is made to the outcome, enter the modification to the outcome or steps on the Review/Change Form.

Comment is a brief statement or modification relating to the major outcome.

SERVICES

Child's Name:_____

Service	Outcome #/s	Provider	Required or Non/Req	Starting Date	Expected Duration	METHOD			Payor	Review Date	*Review Status
						Environment	Frequency	Intensity			

Justification for Provision of Service in Environments/Settings not Identified as the Natural Environment

Service:_____ Options Considered: _____
The desired outcome could not be achieved in the natural environment because:
_____

Service:_____ Options Considered: _____
The desired outcome could not be achieved in the natural environment because:
_____

Service:_____ Options Considered: _____
The desired outcome could not be achieved in the natural environment because:
_____

***Review Status Key (1) on going (2) completed (3) delayed (4) unavailable (or non-required services only) (5) modified**

Page Seven: SERVICES

Enter

Services needed to achieve the outcome. These include services required by Part C and also additional services not required by Part C. Non-required services might include those provided through informal supports and/or community resources/services. Also list services (not required by Part C) that are needed but unavailable at this time.

Outcome #(s)--the reference number for the major outcomes.

Provider name--the agency or person recommended to provide the service.

Required or Non-required--enter an "R" if the service is required by Part C or an "N" if the service is not required by Part C--see listing of required services on Page Eight (Outcome/Service Summary Page.)

Starting Date--the date on which the service is scheduled to begin.

Expected Duration--approximate length of time (weeks/months or actual date) that the service is expected to last.

Environment--in which the service is to be provided.

Frequency--the number of sessions scheduled each week or month, whichever is most appropriate. Do not use "TBD" or "to be determined."

Intensity--the length of time a service is provided during each session and whether it is provided on a group or individual basis.

Payor--by whom or how the provider will be compensated. Part C funds should be used only as a "last resort" after all other resources have been accessed.

Review Date and Review Status--columns are to be filled in when reviews are completed and/or modifications to the services are agreed upon (and documented with a Review/Change Form.) Add the service(s) from the Review/Change Form to this page.

Enter

- Review date--the date on which the review took place.
- Review status--use the status key at the bottom of the page and enter the appropriate number.

JUSTIFICATION FOR PROVISION OF SERVICE IN ENVIRONMENT/SETTING NOT IDENTIFIED AS THE NATURAL ENVIRONMENT

If any of the above environments are not listed on Page One as natural for this child/family, complete this section.

Service--the required service listed above that is not being provided in the natural environment.

Options Considered --the environments/settings that were identified by the family and team as natural environments/settings and were considered by the team as possible environments for service delivery. Complete the statement **"The desired outcome could not be achieved in the natural environment because:"** This will be the justification for the services not provided in the natural environment.

Key: **C-Child**
F-Family
C/F-Child and Family

OUTCOME/SERVICE SUMMARY PAGE (Optional)

Child's Name: _____

	Services to be Provided (required by Part C)																Non-req. Services		
MAJOR OUTCOME	Assistive Technology	Audiology	Family Training/ Counseling/Home Visits	Health	Medical (for diagnostic purposes only)	Nursing	Nutrition	Occupational Therapy	Physical Therapy	Psychological	Service Coordination	Social Work	Special Instruction	Speech/Language	Transportation	Vision			
☐																			
☐																			
☐																			
☐																			
☐																			
☐																			
☐																			
☐																			
☐																			
☐																			

Page Eight: OUTCOMES/SERVICES SUMMARY PAGE

In the left hand column of this page, list the **Major Outcomes** (by number and description) from Page(s) Six. Across the row, identify those **Services to be Provided (required by Part C)** to the child entering a "C", those services to be provided to the family by entering an "F", and those services which will provided to child and family by entering "CF." Services which are required to be provided by Part C when needed are listed.

List other **Non-Required Services** which have been identified as beneficial to the child and/or family in the spaces provided.

TRANSITION FROM PART C SERVICES PLAN

Today's Date: _____
m/d/y

Child's Name: _____

Date of Birth: _____

Current Program: _____ _____
Name Type

Anticipated Date of Transition: _____

Planned Transitioning Procedures	Implementers	Timeframe	Date Completed

Pages Nine and Ten: TRANSITION FROM PART C SERVICES PLAN

Enter

- **Today's date**—the date that the transition plan is being developed.
- **Child's Name**
- **Date of Birth**

Complete the **Name of the Current Program** and **Type** (home-based, child care, DMR center, physical therapy, etc.)
Anticipated Date of Transition—the child's third birthday.

Planned Transitioning Procedures are those steps needed to insure smooth transition from Part C services to Part B or other services as appropriate.
Implementor is the name and agency of person(s) responsible for each of the steps listed. The **Timeframe** is the projected date the step is to be completed.
The **Date Completed** is the actual date the step was accomplished.

This form will be copied and transferred to subsequent IFSPs.

Transition Plan (continued)

Child's Name: _____

Transition Page #: _____

Planned Transitioning Procedures	Implementers	Timeframe	Date Completed

Pages Ten and Eleven: **TRANSITION FROM PART C SERVICES PLAN**

Enter

- **Today's date-**the date that the transition plan is being developed
- **Child's Name**
- **Date of Birth**

Complete the **Name of the Current Program** and **Type** (home-based, child care, DMR center, physical therapy, etc.)
Anticipated Date of Transition- the child's third birthday

Planned Transitioning Procedures are those steps needed to insure smooth transition from Part C services to Part B or other services as appropriate. **Implementor** is the name and agency or person(s) responsible for each of the steps listed. The **Timeframe** is the projected date the step is to be completed.
The **Date Completed** is the actual date the step was accomplished.

This form will be copied and transferred to subsequent IFSP's.

IFSP CONFERENCE NOTES

Child's Name: _____

Date: _____

Examples of Family Resources, Priorities, and Concerns

Examples of Resources

Supports

- Nuclear family: spouse, mate, children, other household members
- Kinship: blood and marriage relatives
- Informal network: friends, neighbors, church associates, co-workers
- Social organizations: church, service clubs, parent-to-parent support groups
- Professionals: pediatricians and other medical specialists, child care providers, hospital and school personnel, early intervention program staff, speech therapists, occupational and physical therapists

(Dunst, et al. 1988)

Strengths

- Sense of humor
- Good friends
- Hard working
- Past patterns of success
- Family routines
- Love of children
- Religious values and faith
- Community support
- Respect for one another
- Shared household and
- child care responsibilities
- Shared leisure time
- Understanding of
- child's disability
- Acceptance of
- child's disability
- Ability to take "time out"
- Financial security
- Open communication
- between family members
- Good problem solving

(Kentucky, 1991)

Examples of Priorities

Developmental/educational needs

- Child play
- Child development
- Communication with therapists/teachers
- Locating/obtaining child care or preschool

Medical/health needs

- Child health/well-baby care
- Family health
- Nursing
- Nutrition
- Locating a doctor/dentist

Basic necessities

- Clean water
- Food
- Housing
- Appropriate heating
- Plumbing
- Housing adaptations
- Transportation/travel equipment

Finances

- Expenses for food, housing, clothing
- Special equipment for child needs
- Payment for child care
- Employment

Socialization network

- Parent-to-parent network
- Parent friendships
- Child friendships

Information needs

- Child growth and development
- Special needs
- Parenting skills
- Reading material on special needs/child development

Family relationships

- Communication
- Family supports
- Counseling
- Ministerial
- Respite care/babysitters

Examples of Concerns

Financial
- Money for necessities
- Money for special needs
- Money for the future
- A steady job
- Learning to budget

Food/clothing/shelter
- Adequate and balanced diet
- Good drinking water
- Enough clean/decent clothes for each season
- Clean environment
- Adequate housing and furniture
- Heat/water/electricity
- Safe neighborhoods

Health/protection
- Availability of routine health and dental care
- Availability of emergency health and dental care
- Confidence in health care professionals
- Availability of legal protection
- Availability of public safety protection

Recreation
- Availability of recreational activities for children, parents, whole family
- Opportunities to take advantage of recreation

Child care
- Help with routine child care
- Emergency child care
- Availability of child care/baby-sitting

Child education/enrichment
- Child educational opportunities
- Availability of/access to special intervention services
- Opportunities to play with other children
- Access to integrated community experiences

Communication/transportation
- Means of contacting family, friends
- Access to a telephone
- Availability of safe adequate transportation

Cultural/social opportunities
- Opportunities for ethnic or value-related experiences with others
- Opportunities for involvement in cultural/community affairs
- Opportunities for involvement in social activities

(Bennett, Lingerfelt, & Nelson, 1990)

Focusing on IFSP Outcomes and Action Steps Activity

Choose three examples of authentic IFSP outcomes and action steps from the examples attached. Read and discuss these examples. Focus on the characteristics of outcomes and action steps described in 8.5 *Roadmap for Success-Writing Meaningful Plans*, and refer, as needed, to the summary of criteria for evaluating the outcomes provided. Select a rating for each area listed for each of the three outcomes chosen for evaluation. This activity may be done individually with the trainer or in small groups as appropriate.

Rating: 1=poor 3=average 5=good

Rate Each Area					
Outcome Number	Writing & Active Voice	Necessity of Outcome	Outcome Specificity	Action Step Specificity	Context Appropriateness
#					
#					
#					

Outcome #___ Comments (why the ratings were given) and suggestions for improving the outcome:

Outcome #___ Comments (why the ratings were given) and suggestions for improving the outcome:

Outcome #___ Comments (why the ratings were given) and suggestions for improving the outcome:

Richey, D., Brosseau, E., Gerregano, D., and Goodwin, C. (2004). *Improving the Family-Centeredness of IFSPs: A Focus on Outcomes and Action Steps*. Training Presentation. Tennessee Technological University. Cookeville, TN.

Name of participant_____

Writing Style and Active Voice

- Is the language clear, simple, and specific?
- Avoid jargon and professional-centered language
- Avoid abbreviations and acronyms
- Try to use complete sentences and the active voice (i.e., a person is the subject, and the verb is an action verb)
- Can the handwriting be easily read?

Richey, D., Brosseau, E., Gerregano, D., and Goodwin, C. (2004). *Improving the Family-Centeredness of IFSPs: A Focus on Outcomes and Action Steps*. Training Presentation. Tennessee Technological

Necessity of Outcome

- Is the outcome necessary for the child's development or functioning within daily routines? Is it useful to the child and family?
- Is the outcome developmentally appropriate, and does it reflect recommended practice?
- Does the outcome address a family concern or priority?
- Is the outcome functional and can it be generalized to other daily routines?

Richey, D., Brosseau, E., Gerregano, D., and Goodwin, C. (2004). *Improving the Family-Centeredness of IFSPs: A Focus on Outcomes and Action Steps*. Training Presentation. Tennessee Technological

Outcome Specificity

- Can team members read the outcome and easily be able to know when it has been accomplished?
- Is the outcome specific and clearly defined? Is it clear what the person will do?
- Avoid words like *improve*, *increase,* and *decrease* without specific criteria.
- Can the action be seen, heard, or counted in some way?

Richey, D., Brosseau, E., Gerregano, D., and Goodwin, C. (2004). *Improving the Family-Centeredness of IFSPs: A Focus on Outcomes and Action Steps*. Training Presentation. Tennessee Technological

Action Step Specificity

- Do the actions steps address the outcome? Do they clearly show what will be done? Do they describe who, what, and when?
- Do action steps describe activities, routines, and strategies?
- Do action steps primarily only serve to document services?

Richey, D., Brosseau, E., Gerregano, D., and Goodwin, C. (2004). *Improving the Family-Centeredness of IFSPs: A Focus on Outcomes and Action Steps*. Training Presentation. Tennessee Technological

Context Appropriateness

"These plans should incorporate the family's strengths and resources and be designed to fit within the family and child's natural environment…"
(TEIS IFSP Manual)

Richey, D., Brosseau, E., Gerregano, D., and Goodwin, C. (2004). *Improving the Family-Centeredness of IFSPs: A Focus on Outcomes and Action Steps*. Training Presentation. Tennessee Technological University, Cookeville, TN.

Context Appropriateness

- Is family/natural caregiver participation only implied?
- Is family participation primarily directed by professionals, rather than in a collaborative manner?
- Are natural activities and everyday routines utilized? Is this clear?
- Are outcome and action steps likely to be incorporated into daily routines?

Richey, D., Brosseau, E., Gerregano, D., and Goodwin, C. (2004). *Improving the Family-Centeredness of IFSPs: A Focus on Outcomes and Action Steps*. Training Presentation. Tennessee Technological University, Cookeville, TN.

Examples of Authentic IFSP Outcomes and Action Steps

Outcome #1: For Gina to become more vocal in front of others.

Action Steps:

1. Special instruction to provide the family with activities and recommendations to encourage more vocalizations especially in front of others. Gina vocalizes by herself but not in front of others. These activities will be encouraged to be carried out during the daily routine so that she is receiving therapy throughout the week.
2. Family training, counseling, and home visits to provide the family with information and teaching strategies to encourage more vocalizations. The AHEAD & SKI*HI curriculum will be utilized as well as other resources.
3. Ellen will call the family's TennCare caseworker to talk to her about Gina's situation regarding clinic-based versus home-based speech therapy.
4. Ellen will call ABC clinic to inquire about the speech pathologist's knowledge of hearing impairment.
5. A referral will be made to Family Support to request a video camera, which can be used to video tape Gina playing by herself and vocalizing. This tape can be played back to her so that she can see herself and hear her own vocalizations. This activity may increase awareness of herself and her own vocalizations.

Outcome #2: For Tara to eat her meals and snacks by mouth.

Action Steps:

1. Feeding therapy with Amanda Jones' team at X Medical Center to encourage Tara to eat her meals and snacks by mouth. The family will carry out the therapist's activities and recommendations daily at each feeding.

Outcome #3: Chris will improve conceptual skills and attending skills to further cognitive ability.

Action Steps:

1. Developmental activities will be worked on during therapy with regard to cognitive skills to enhance Chris's cognitive ability.
2. Parents will receive monthly reports on therapy progress and a prescription of tasks to perform at home with Chris.

Outcome # 4: Damien will improve his language/communication skills to a 12-month level within six months, and will improve oral intake in order to sustain nutrition and hydration.

Action Steps:

1. Damien will give 1 of 1 objects on command 8/10 times.
2. Damien will point to 1 of 1 objects shown 8/10 times.

3. Damien will produce at least 4 different consonant sounds in babble.
4. Damien will tolerate simple tactile games around face/mouth.
5. Damien will tolerate 5 minutes of oral-motor sensory stimulation.
6. The above action steps will be in a home program format.

Outcome # 5: Ally will become more mobile using vision and motor skills so that she can explore her environment and learn.

Action Steps:

1. Continue early intervention services with (home-based service) advisor working on vision, mobility, cognition, fine & gross motor, compensatory skills.
2. Continue monthly physical therapy consultation to monitor changes in gross motor development & instruct family, (home-based service), and OT in appropriate activities to stimulate motor development, mobility, strength, & endurance.
3. (Service coordinator) will check on how to arrange occupational therapy, preferably at home.
4. Ally will receive occupational therapy from (occupational therapist) at outpatient therapy center.
5. Reimbursement for travel to & from OT in (neighboring town).
6. Assistive technology as recommended by therapist: 55cm physioball-(OT).

Outcome #6: Katie will stand and walk around in order to explore her home and school environment and engage with family and friends.

Action Steps: (Persons responsible are Family & P.T.)

1. Strengthen arms by lifting up when on tummy, pulling up onto furniture.
2. Scoot forward in combat crawl when on tummy, pulling with arms and pushing with knees.
3. Bear weight on all fours for crawling and rock for 1-3 minutes.
4. Move forward on all fours, crawling for 5-10 feet.
5. Get into sitting position lying on back or from tummy.
6. While seated, shift weight right, left, forward, back without falling over (by protecting herself and using trunk muscles)
7. Transition from seated position into crawling position.
8. Pull up on furniture to stand and cruise along furniture for 1-3 minutes.
9. Take walking steps into center of floor with adult assistance.
10. Take 5-10 walking steps independently.

Outcome #7: Walter will increase comm. Function using signs/photographs/picture symbols in order to comm. w/ others.

Action Steps: (Persons responsible: OT, ST, Teachers, Family)

1. Participate in an oral motor program
2. Use signs/photo/pic.sym. during play
3. Follow directions consistently
4. Imitate words during play
5. Label familiar objects in env.

6. Imitate functional & symbolic play
7. Imitate contact w/peers
8. Ask for help when needed

Outcome #8: Lena's fine motor & visual motor skills will improve in order for play & preschool tasks & self-help.

Action Steps: (Persons responsible: OT, Teachers, Family)

1. Remove shirt indep., remove pants w/mod assist.
2. Wash hands w/minimal assist.
3. Drink from open cup consistently
4. Stack 4-6 blocks, place 5-7 pegs, 6 pc. Puzzle
5. Imitate vertical, horizontal & circular strokes
6. String 4 large beads
7. Work at an easel for vertical positions.

Outcome # 9: Mark will attend a classroom to interact with peers and increase language and social skills functioning.

Action Steps: (ABC preschool, Family)

1. Imitate sounds & gestures related to objects
2. Ask for food/drink using words/gestures
3. Use 10 more words functionally
4. Follow verbal/gestural commands
5. Enjoy stories being read to him
6. Express ownership

Outcome # 10: Family will receive and utilize information about child development and age-appropriate activities.

Action Steps: (Persons responsible: Family and home-based service)

1. At family's request, (home-based service) can assist to identify appropriate community placement.
2. For parent education and training (home-based service) will use AHEAD curriculum and other materials.

Outcome # 11: Jamie will tolerate oral motor stimulation with decreased agitation by two treatment sessions.

Action Steps: (Persons responsible: Family, SLP, OT, TEIS)

1. To tolerate different textures and temperatures in his mouth.
2. To tolerate a variety of stimulations: oral brush, facial massage, or vibration.
3. Jamie's therapist will provide home activity program for family.
4. To have feeding therapy weekly.
5. To follow all recommendations from therapist.

Outcome # 12: In order to improve her developmental skills, Stacie will participate in preschool activities.

Action Steps: (Persons responsible: Teacher)

1. Developmental skills will be incorporated into activities in the classroom (participate 80% of the time)
2. Gross motor skills-outdoor activities, multi-purpose room
3. Fine motor skills-art, puzzles, toys
4. Speech-used throughout the day
5. Cognitive-used in all activities
6. Self-help-snack, potty training
7. Social-interacting with peers in classroom

Outcome #13: Clay will develop his leg muscles and gain strength in order to roll and then crawl.

Action Steps:

1. Family will allow Clay floor time and position him in ways to develop his muscles-they will follow exercises and skills for home program developed by CDC
2. CDC will write skills in the gm area and set up home program for Mom.
3. (Home-based service) will provide family training using x curriculum to help Mom do gm skills with Clay.

Outcome #14: Ben will feed himself using a spoon.

Action Steps:

1. (Service coordinator) will order an adapted spoon for Ben.
2. The occupational therapist will visit during dinner to help the family identify and try strategies to help Ben feed himself, such as using a “sticky” placemat to help hold his plate and bowl stable.

Outcome # 15: Jenny will become more age appropriate in using appropriate behavior in her environment.

Action Steps:

1. She will use gestures, signs, & symbols to communicate wants and needs.
2. She will tolerate redirection using shaping techniques.
3. She will tolerate transitions using shaping strategies & reward system.
4. She will make a choice between 2 obj. by eye contact 1st-then by reaching.
5. She will imitate an activity when provided a model.
6. She will tolerate sensory tactile activities using shaping strategies.
7. She will attend to introduction to new activities for 2-4 minutes.
8. She will redirect self-stimulation behavior to more appropriate behavior.

Early Intervention Services

(a) General. Early intervention services means services that:
- (1) Are designed to meet the developmental needs of each Part C eligible child and the needs of the family related to enhancing the child's development;
- (2) Are selected in collaboration with the parents;
- (3) Are provided;
  - (i) Under public supervision;
  - (ii) By qualified personnel;
  - (iii) In conformity with an individualized family service plan; and
  - (iv) At no cost to the family.

(b) Natural environments. To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community in which children without disabilities participate.

CFR 303.12

Types of Early Intervention Services and Definitions

(1) **Assistive technology device** means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.

Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:
- (i) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- (ii) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- (iii) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- (iv) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- (v) Training and technological assistance for a child with disabilities or, if appropriate, that child's family; and
- (vi) Training and technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

(2) **Audiology** includes-
- (i) Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;
- (ii) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- (iii) Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;

(iv) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
(v) Provision of services for prevention of hearing loss; and
(vi) Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

(3) **Family training, counseling, and home visits** means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under Part C in understanding the special needs of the child and enhancing the child's development.

(4) **Health services** means services necessary to enable a child to benefit from the other early intervention services during the time that the child is receiving the other early intervention services. The term includes_
(i) Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
(ii) Consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.
(iii) The term does not include the following:
(A) Services that are –
(A1) Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or
(A2) Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose).
(B) Devices necessary to control or treat a medical condition.
(C) Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

(5) **Medical services only for diagnostic or evaluation purposes** means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.

(6) **Nursing services** include-
(i) The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
(ii) Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
(iii) Administration of medications, treatments, and regimens prescribed by a licensed physician.

(7) **Nutrition services** include-
(i) Conducting individual assessments in-
(A) Nutritional history and dietary intake;
(B) Anthropometric; biochemical, and clinical variables;
(C) Feeding skills and feeding problems; and
(D) Food habits and food preferences;
(ii) Developing and monitoring appropriate plans to address the nutritional needs of children eligible under Part C, based on the findings of individual assessments in nutritional history and dietary intake; anthropometric; biochemical and clinical variables; feeding skills and feeding problems, and food habits and food preferences.

(iii) Making referrals to appropriate community resources to carry out nutritional goals.

(8) **Occupational therapy** includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings and include-

(i) Identification, assessment, and intervention;

(ii) Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and

(iii) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

(9) **Physical therapy** includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include-

(i) Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;

(ii) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and

(iii) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

(10) **Psychological services** includes-

(i) Administering psychological and developmental tests and other assessment procedures;

(ii) Interpreting assessment results;

(iii) Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and

(iv) Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

(11) **Service coordination services** means assistance and services provided by a service coordinator to the child eligible under Part C and the child's family that are in addition to functions and activities of the service coordinator to assist and enable a child and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under Part C.

(12) **Social work services** includes-

(i) Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;

(ii) Preparing a social or emotional developmental assessment of the child within the family context;

(iii) Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;

(iv) Working with those problems in a child's and family living situation (home, community, and any center where early intervention services are

provided) that affect the child's maximum utilization of early intervention services; and

(v) Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

(13) **Special instruction** includes-

(i) The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;

(ii) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;

(iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and

(iv) Working with the child to enhance the skill development of the child.

(14) **Speech-language pathology** includes-

(i) Identification of children with oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;

(ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and

(iii) Provision of services for the habilitation, rehabilitation, or prevention of communication or oropharyngeal disorders and delays in development of communication skills.

(15) **Transportation and related costs** includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under Part C and the child's family to receive early intervention services.

(16) **Vision services** means-

(i) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;

(ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders. or both; and

(iii) Communication skills training orientation and mobility for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

Guidelines for Purchase of Services through Tennessee's Early Intervention System

1. The purchase of services shall be limited to the evaluation, assessment, and direct services as specified in 34 CFR 303.12 and 13. Any other service to be purchased must be approved in advance by the State of Tennessee Department of Education.
2. Services to be purchased shall be specified in a current IFSP, developed by an appropriate Individualized Family Service Plan(IFSP) team, including a representative from the contractor's agency (TEIS) and be based on the identified needs of the child and family. Services not specified in the IFSP may not be paid for by the contractor (TEIS) and services may not be paid retroactively.
3. Services shall be provided, to the extent appropriate, in natural environments with the opportunity for the child to interact with children without disabilities (home-based program, child care facilities, integrated early intervention programs, and other situations/settings identified as natural environments for the individual family). Specific outcomes to be met in the natural environment will be designated in the IFSP. Program objectives will be developed and implemented and the child's progress toward those objectives will be monitored by appropriate personnel, as indicated in the IFSP.
4. Services shall be provided in the local community if possible.
5. Required services shall be provided at no cost to the family.

(Tennessee, 1998)

Services required under Part C

- Assistive technology
- Audiology
- Family training/counseling/home visits
- Medical (for diagnostic purposes only)
- Nursing
- Nutrition
- Occupational therapy
- Physical therapy
- Psychological
- Service coordination
- Social work
- Special instruction
- Speech/language
- Transportation
- Vision

Examples of non-required services

- Child care
- Routine medical services (e.g.,
- well-baby care, immunizations)
- Respite care
- Massage therapy
- Music therapy
- Movement therapy

Guidelines for Purchase of Transportation through Tennessee's Early Intervention System

CFR 303.12(d)(15) *Transportation and related costs* includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under this part and the child's family to receive early intervention services.

Procedures

Documentation of need for transportation

- Proof of need shown by one or more of the following:
  - Intake form
  - Documentation of communication with family and/or other professionals
  - Needs assessment
  - IFSP Summary of Concerns, Resources, and Priorities
  - IFSP Conference Notes

Suggested methods for monitoring travel reimbursements include, but are not limited to:

- Spot-checks to provider by phone
- Provider signature or mileage claim form
- Allocating bus tokens through the provider

Ensuring that TEIS is payor of last resort

- Consider cost effectiveness and appropriateness when choosing transportation source – suggestions:
  - TennCare
  - School system
  - Rural transportation
  - Volunteers
  - Department of Children's Services
  - Bus
  - Cab

Liability issues

- TEIS employees are not to provide direct transportation services to children and/or families in any vehicle in their official capacity

(TN, 1998)

Guidelines for Purchase of Assistive Technologies through Tennessee's Early Intervention System

Definitions:

- **Assistive Technology:**
  Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.
- **Assistive Technology Service:**
  A service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. This includes:

  - The evaluation of the needs of the child with a disability, including a functional evaluation of the child in the child's customary environment;
  - Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
  - Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
  - Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs; and
  - Training and technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of the Part C eligible child.

Procedures for Determination of Need for Assistive Technology:

- The appropriate professional, qualified in the area to be addressed, must submit **written** notification to the following parties that an assistive technology assessment is recommended:
  - The Child's parent or guardian;
  - The family's designated Services Coordinator; and
  - The appropriate TEIS District Office/Team Member

Approval for Assistive Technology Assessment

- The designated Service Coordinator shall obtain written parental consent for the Assistive Technology Assessment and complete the appropriate review/change documentation in family's IFSP.
- With parental consent, a qualified professional shall conduct an assistive technology assessment in accordance with the specifications in section I.B.(1) of these guidelines (definition of assistive technology service) and prepare a written summary including evaluation findings and ensuing recommendations.
- The assistive technology assessment report must be submitted to:
  - The child's parent or guardian;
  - The family's designated Service Coordinator; and
  - The appropriate TEIS District Office/IFSP team member

Service Determination

All service decisions must be made by the IFSP team, include a representative of TEIS, and be documented in the IFSP to be eligible for payment through TEIS.

- The designated service coordinator shall convene a meeting of the IFSP team in accordance with Part C regulations to consider the AT assessment findings and recommendations. A representative of the TEIS office **MUST** participate in this meeting, preferably by attending in person.
- The team will review the outcomes established for the child and consider the finding and recommendations outlined in the assistive technology report to determine whether or not the team agrees that the recommended device is needed to meet the child's outcomes in the IFSP. The team may also consider whether outcomes should be modified or added. Relationship of the the recommended device to a specific outcome/s and to one of the developmental domains **MUST** be shown.
- Should the team determine that an assistive technology device/s is needed, that determination shall be documented in the IFSP and a written implementation plan, which addresses the elements noted in section I.B.(3)(4) and (5) (definition of assistive technology services) of these guidelines shall be developed by the team and attached to the IFSP.
- The team will decide by what means the assistive technology device will be obtained (loan, rental or purchase) and identify responsible party/s to obtain the device.

Purchase of Assistive Technology Service or Device by TEIS

- TEIS shall not purchase, or participate in the purchase of, any device or service that is deemed to be experimental in nature.
- All purchases of assistive technology devices supported, either fully or in part, by funding through the TEIS District Office shall be delivered and in service no later than two months prior to the child's third birthday to ensure benefit to the child's early intervention program.
- Appropriate steps shall be included in the child's IFSP Transition plan to insure that adequate and appropriate information is shared with future service providers to encourage and support continued opportunity for the child to utilize and benefit from the device.
- In the instance that TEIS, as payor of last resort, will be sole payor for the device and the total cost will exceed $1,000.00 the TEIS office shall obtain three estimates for the specified item and the purchase shall be determined by the lowest estimate.
- When appropriate and/or practical, families shall be made aware that the assistive technology devices which are not customized for the individual child and become of no further use to their child (ex. child outgrows) may benefit other children. Those families who return such equipment to their local TEIS office may receive a one (1) time per family travel compensation no to exceed ten dollars ($10.00).

(TNDOE, 1999)

Types of Environments/Program Settings for Early Intervention

1. **Program Designed for Children with Developmental Delays or Disabilities**
   This setting refers to an organized program of at least 1 hour in duration provided on a regular basis. The program is usually directed toward the facilitation of one or more developmental areas. Examples include early intervention classrooms/centers and developmental child care programs.
2. **Program Designed for Typically Developing Children**
   Services are provided in a program regularly attended by a group of children. Most of the children in this setting do not have disabilities. For example, this includes children served in regular nursery schools and child care centers, mother's-day-out programs, library story times.
3. **Home**
   Services are provided in the principal residence of the child's family or caregivers. It may also include activities in the community that are typically engaged in by the family, such as grocery store, ball games, church, park.
4. **Hospital (Inpatient)**
   Hospital refers to a residential medical facility. Child must be receiving services on an inpatient basis.
5. **Residential Facility**
   Residential facility refers to a treatment facility which is not primarily medical in nature, where the infant or toddler currently resides.
6. **Service Provider Location**
   Provider location services are provided at an office, clinic, or hospital where the infant or toddler comes for short periods of time (e.g., 45 minutes) to receive services.
7. **Other (Identify)**
   Any service environment/setting not included above. Examples include phone (as in service coordination) or if the only component of the infant's early intervention services is parent counseling during which the child is not present and the child received no direct service, count as "Other".

NOTE: Children are counted according to the type of program being received at a location (environment), not the type of location. For example, children in a program designed for children with developmental delays or disabilities operated at a hospital should be counted under "program designed for developmental delays or disabilities." Children who receive physical therapy at a hospital or on an outpatient basis should be counted under "service provider location." Children who are patients in a hospital should be counted under "hospital." (Office of Special Education Programs [OSEP], US Department of Education, 1999)

Methods of Service Delivery

1. **Individual Basis**
   One-on-one service provision, either in isolation or group setting such as child care
2. **Group Basis**
   Child is in a group where all the children are receiving intervention services
3. **Consultation**
   Exchanging information and expertise with professionals or care providers

Natural Environments

Natural Environments means settings that are natural or normal for the child's age peers who have no disability.

Individuals with Disabilities Education Act (IDEA) 1997 adds, as a component to the requirements of a Statewide system, policies and procedures to ensure that:

- To the maximum extent appropriate, early intervention services are provided in natural environments; and
- The provision of early intervention services for any infant and toddler occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

Natural Environments are the places where children experience everyday, typically occurring learning opportunities that promote and enhance behavioral and developmental competencies. Learning opportunities that are development enhancing are those that are both interesting and engaging to a child.

Learning opportunities occur in activity settings where the child plays and learns. For example, a home setting may include the kitchen where the child plays with pots and pans while the family members prepare meals. Learning opportunities in this setting are identified, e.g., how the child uses motor planning skills in this part of the natural family routine and what family members may do to encourage motor development. These learning opportunities build on existing capabilities. Understanding family routines is critical in identifying when learning opportunities occur in various settings.

Sources of learning opportunities include:

- Family routines and activities unique to each family
- Community resources that consist of people, organizations, and programs that provide both children and parents with opportunities and experiences that positively influence child, parent, and family development.

Identifying Natural Environments

Identification of the child's natural environment begins at the first contact with the family and is developed throughout the family assessment process. It includes clarification of the routines and responsibilities that make up that family's lifestyle and their values and hopes for their family.

Since the child and family's daily routines can affect how, when, and to what extent they are able to participate in early intervention, the following information should be obtained:

- The family's daily routines, tasks, and responsibilities
- The activities and environments the family has identified as natural or normal for their family.

The family's natural supports should be identified. Research has shown consistently that the positive effects of support provided by informal supports sources generally outweigh the effects of support provided by formal networks.

Examples of natural supports include:

- Relatives
- Friends
- Neighbors
- Co-workers
- Church members and clergy
- Clubs and organizations

Natural Environments and the Development of the IFSP

Outcomes are developed by the Individualized Family Service Plan (IFSP) team to promote the child's development within routines and responsibilities that make up that family's lifestyle and their values and hopes for their family (Tennessee, 1998).

The team must discuss and describe the family's routines, activities, supports, and environments that the family has identified as natural or normal for their family prior to the development of outcomes, strategies, and services.

The discussion must include identification of the family's natural environments (where the child and family spend their time on a daily basis) and determination of how services can be provided that respect the family's individualized needs and daily routines and supplements the natural supports.

Services in the Natural Environment

The decision regarding what services and supports will be provided must occur only after the development of outcomes and strategies. Services, which support the strategies, are selected through a collaborative process between the parents and team members.

Services are to meet the unique needs of the child and family based on assessments and as described in the IFSP.

To the maximum extent appropriate, the program must deliver services that support the child and family in their natural environments. Services must be delivered where the child lives, learns, and plays in order to increase the likelihood that the skills learned will be functionally relevant to the child's natural environment and that the child will practice the skill on an ongoing basis. The overriding consideration in selection of the location in which a service will take place is that the selection for each child must be determined on an individual basis according to the child's needs.

The IFSP team determines what supplemental supports must be provided in order for the child to meet the outcomes listed in the IFSP.

If the team is considering provision in a location other than a child's natural environment, the following must be documented in the IFSP:

- An explanation of how and why the IFSP team determined that the child's outcomes could not be met if the service were provided in the child's natural environment with supplementary supports
- How services provided in this location will be generalized to support the child's ability to function in the natural environment
- A plan with timelines and the supports necessary to allow the child's outcomes to be satisfactorily achieved in the natural environment (Texas).

To the greatest extent appropriate, all services to support progress toward those outcomes should be provided within the "environment" that is natural for that child and family. Service provision in this context is based on the concept of providing services to the family in a manner that supports a more normal lifestyle as opposed to having services to support the child's development become another intrusion to their anticipated lifestyle (Bledsoe, 1998).

Services in natural environments:

- Support the natural flow of a family's activities
- Are delivered where the child lives, learns, and/or plays
- Decrease family's marginalization
- Use natural supports
- Build on existing capacity of community resources.

"Natural environments provide such a rich variety of learning opportunities. For babies, toddlers and preschoolers, their routines continue to support and reinforce the predictability in their lives. The ability to hear a door knock; anticipate interaction with someone; the smells from a kitchen; the colors in one's clothes; the noise of a trash truck; finding a lost treasure; to move from here to there; to see something from a different angle; the list goes on and on. Life is spontaneous and rich. With confidence, children will learn they can handle life. So with natural environments, we have the opportunity to help families and caretakers recognize the richness of opportunities to help a child become comfortable and confident so they can grow in mind, body and spirit, in spite of all the other things. As a parent I want all things to lead to cognitive growth, to decision-making with real consequences, ultimately to confidence and trust. I want goals that are realistic and can be met" (Huerta, 1998).

Family (Home) and Community Natural Learning Environments and Children's Learning Opportunities

Family Settings	Community Settings
Family Routines (Cooking, food shopping, animal care)	Family Routines (Running errands, car or bus rides, weekend chores)
Parenting Routines (Child's bedtime and bath time)	Family Outings (Shopping, eating out, visiting friends)
Child Routines (Brushing teeth, dressing, eating)	Play Activities (Outdoor playgrounds, indoor playlands)
Literacy Activities (Looking at books, listening to stories)	Community Activities (Libraries, fairs, festivals)
Play Activities (Drawing, lap games, playing with toys)	Physical Activities (Horseback riding, swimming, sledding)
Physical play (Roughhousing, ball games, swimming)	Children's Attractions (Petting zoos, nature centers, pet stores)
Entertainment Activities (Dancing, singing, watching TV)	Art/Entertainment Activities (Children's theater, storytellers, music activities)
Family Rituals (Family talks, spiritual readings, saying grace at meals)	Church/Religious Activities (Sunday school, church services)
Family Celebrations (Holiday dinners, birthday parties, decorating the house)	Organizations and Groups (Karate, movement classes, parent/child groups)
Socialization Activities (Having friends over, family picnics, visiting the neighbors)	Sports (Soccer, T-ball, softball)
Gardening Activities (Outside work, planting flowers, growing vegetables)	Outdoor Activities (Taking walks, hiking, camping)

(Dunst, 1998)

Community Activities and Opportunities Useful for Increasing Child Learning Experiences

Amusements/ Attraction Amusement Parks
Aquarium
Arcades
Aviaries, Bird Sanctuaries
Displays and Attractions
Farms, Seasonal/Holiday Activities
Planetarium
Play Lands
Science Centers
Train Rides
Zoos and Wildlife Preserves

Arts and Culture
Children's Interactive Museum
Historic Sites
Museums
Musical/Plays/Ballet
Outdoor Concerts
Performing Arts for Children
Regional Attractions

Clubs and Organizations
4-H
Big Brothers/Big Sisters
Community Centers
Ethnic Heritage Centers
Family Centers
Hobby/Activity Clubs
MOMS Clubs
Play Groups
Scouting/Camp fire/Indian Guides
Service Clubs
Toy Lending Libraries
YMCA/YWCA

Community Celebrations
Block Parties
Children's Festivals
Community Day
Church Festivals
Local/Community/Regional Fairs
Farm Shows
Folk Festival
Heritage Festival
Historic Reenactments
Holiday Festivals (hayrides, light shows)
Parades
Picnics

Family Outings
Church/Synagogue
Circus, Ice Capades
Family Reunions
Holiday Gatherings
Movies
Picnics
Pumpkin Patches, Tree Farms
Shopping, Eating Out
Special Family Celebrations
Vacations

Learning and Education
After School Programs
Art
Book Store Story Hour
Ceramics
Children's Museum Activities
Creative Movement
Dance
Day Care/Preschools
Drama
Enrichment Classes
Gymnastics
Head Start/Even Start
Library Story Time, Movies
Lunch Bunch for Toddlers
Magic Shows
Music
Nature Center Activities
Parent Education Classes
Puppet Shows
Religious Education
Science Center Activities
Story Tellers

Outdoor Activities
Biking
Bird Watching
Boating/Canoeing
Camping
Fishing
Gardening
Hiking
Horseback Riding
Kite Flying
Skating/Sledding/Skiing
Walks/Races

Parks and Recreation
Open/Family Gym Time
Organized Activities
Parks
Playgrounds
Swimming Pools
Summer Camps

Parent & Child
Baby/Toddler Gym
Neighborhood Games
Pajama Story Time
Playful Parenting
Play Groups
Time for Mommy & Me
Water Babies

Sports
Baseball/T-ball
Basketball
Bowling
Football
Golf/Miniature Golf
Ice Skating
Karate
Roller Skating/Blading
Soccer
Softball
Swimming
Tennis
Track & Field

Field Observation Form
IFSP Meeting

Type of IFSP meeting: Initial or Annual? _____

1. Record the age of the child and describe how he was determined eligible for early intervention services.

   _____
   _____
   _____
   _____

2. Describe the setting for the IFSP meeting and list the members of the team (by job title, description, or affiliation-not by name) who participated.

   _____
   _____
   _____
   _____

3. Were there any questions about the rights and procedural safeguards that would have been difficult for you to answer? If so, list those.

   _____
   _____
   _____
   _____

4. Describe the family's participation in completing the *Present Levels of Development*.

   _____
   _____
   _____
   _____

5. Was the *Family Resources, Concerns, and Priorities* page completed in advance? Describe the advantages of doing this prior to the meeting.

   _____
   _____
   _____
   _____

Name of participant_____ 8.6e

6. Were the outcomes and action steps written in clearly understood language? Were they meaningful to the family? Describe the family's participation in developing the outcomes and action steps.

_____
_____
_____
_____

7. Were any funding concerns expressed, and if so how were they resolved? Do you understand when TEIS is allowed to fund direct services? If not, list your questions about funding.

_____
_____
_____
_____

8. Describe what was included in this child's transition plan.

_____
_____
_____
_____

9. Who (describe by title or affiliation-not by name) was appointed the designated service coordinator, and what was the rationale for selecting that person?

_____
_____
_____
_____

10. What surprised you, if anything, about the meeting? What would you have done differently?

_____
_____
_____
_____